

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 31, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT code 72040 rendered on 9/25/03.

II. RATIONALE

Review of the requestor's response noted on the "Table of Disputed Services" states, "Sent bill 10/3/03 sent Compliance Complaint 12/3/03 record referral # 109210 attached still no resolution over 45 days."

Review of the respondent's position statement dated January 15, 2004 partially states, "...The requestor's submitted billing did not have supporting documentation attached. Therefore, the Office respectfully requests the Commission to deem the Request for Medical Dispute not properly filed in accordance with the Rules set forth..."

Review of the carrier's response noted on the "Table of Disputed Services" states, "No reconsideration on file. N10-Denied as no x-ray report attached to original submission."

The requestor submitted sufficient information and therefore met the filing requirements set forth by the TWCC Rule 133.307. The disputed charges will be reviewed according to the Medical Fee Guidelines. The requestor has not submitted relevant information, to support delivery of service. Therefore reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 72040.

The above Findings and Decision is hereby issued this 19th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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